

Inclusivity Assessment Tool

The purpose of the *Inclusivity Assessment Tool* is to provide descriptive and detailed information to potential users of recreation programs, areas and facilities so that they may make better plans for enjoyable inclusive recreation.

The *Inclusivity Assessment Tool* is comprised of five sections:

Section A: Agency Information

Section B: Social Inclusion: Administrative Practices

Section C: Social Inclusion: Adaptive Equipment

Section D: Social Inclusion: Program Practices

Section E: Addition Information & Summary

Section F: Assessment Information

As you complete the assessment, please use the accompanying *Inclusivity Assessment Tool Guide* for specific definitions and instructions. Also, please work closely with agency personnel to gather the needed information. Some of the items can only be completed by talking with staff members who know the agency/facility well, or by looking at agency written materials.

Section A: Agency Information

Complete Section A only once, even though you may do several different programs or facilities for this agency.

A1	Name of facility or agency	Crystal Lake Park District
A2	Street address	1 E. Crystal Lake Avenue
A3	City	Crystal Lake
A4	State and Zip	IL 60014
A5	County	McHenry
A6	Mailing address (if different from street address)	
A7	Telephone number	(815) 459-0680
A8	Agency e-mail address	info@crystallakeparks.org
A9	Web site address	www.crystallakeparks.org
A10	Type of agency or facility	Park District
A11	Activities offered	Recreation, Cultural Arts, Athletics, Early Childhood, Senior Programs, Camps

Section B: Social Inclusion

Social Inclusion is comprised of three sections: administrative practices, adaptive equipment, and programming practices. For these three sections, you will need to interview managers and staff, observe programs or services, and review written materials. You will likely need to do Section B: Administrative Practices and Section C: Adaptive Equipment only once for an agency, but may need to do Section D: Program Practices for each unique grouping of programs or services the agency provides. See the accompanying *Guide* for more specific information and definitions.

ADMINISTRATIVE PRACTICES

B1. Agency mission and values

		Yes	No	n/a
B1a	Does the agency mission clearly reflect a belief about inclusion of people with disabilities and other differences?	X		
B1b	Do agency vision and values articulate support for inclusion of people with disabilities and other differences?	X		
B1c	Comments/additional information about agency mission:			

B2. Staff

		Yes	No	n/a
B2a	Does upper administration (e.g., board of directors, administrators, managers) show support for inclusion?	X		
B2b	When asked, do staff members state that serving people with disabilities is important?	X		
B2c	Is a point of contact designated to coordinate inclusion at the agency? (preferably a certified therapeutic recreation specialist)	X		
B2d	If yes, list point of contact's name, job title, and email address: Northern Illinois Special Recreation Association 285 Memorial Drive, Crystal Lake, IL 60014 (815) 459-0373			
B2e	Are managers and front line staff trained in disability awareness and inclusion as a routine part of staff orientation?	X		
B2f	If yes, list main topics covered in training: ADA, NISRA are covered in training along with program registration procedures for those requesting special accommodations or one on one assistance.			
B2g	When observed, or when asked in an interview, do staff members interact with people with disabilities in a helpful and respectful manner?	X		
B2h	Comments/additional information about agency staff:			

B3. Agency planning		Yes	No	n/a
B3a	Are people with disabilities and/or their families involved in agency planning efforts (e.g., board of directors, advisory board)?	X		
B3b	List types of involvement: Requests for inclusion assistance, requests through NISRA			
B3c	Is the agency involved in ongoing plans for inclusion and accessibility?	X		
B3d	If yes, has the agency made progress on identified areas in plan?	X		
B3e	Comments/additional information about agency planning: When all planning takes place, ADA and inclusion are always taken into consideration as part of the thought process.			

B4. Agency communication and marketing		Yes	No	n/a
B4a	Is person first language used in written materials?	X		
B4b	Is person first language used in oral communication?	X		
B4c	Are alternative forms of communication available?	X		
B4d	List alternative forms of communication: ___ large print ___ computer screen with reader ___ Braille ___ pictorial ___ oral communication also provided in print ___ assisted listening devices ___ TDD/TTY <u>X</u> sign language ___ close-captioned video ___ language other than English: <u>X</u> other: <u>Website</u>			
B4e	Do marketing and other printed materials reflect inclusion of people with disabilities (e.g, access information provided, people with disabilities pictured in publications or on web site)?	X		
B4f	Is the agency web site accessible (e.g., simple design, consistent navigation, all text for graphics, high contrast, no flashing/blinking features)?	X		
B4g	Comments/additional information about communication and marketing:			

B5. Agency policies and procedures		Yes	No	n/a
B5a	Are emergency warning and evacuation procedures in place for safe exit of people with disabilities? (e.g., auditory and visual alarm systems, areas of rescue assistance identified)	X		
B5b	Are service dogs/animals allowed?	X		
B5c	Do personal care attendants attend free when accompanying a person with a disability?	X		
B5d	Do prices for services accommodate people with financial need?	X		
B5e	If applicable, are special dietary needs met?	X		
B5f	List other policies and procedures that are helpful to people with disabilities and their families: Membership in NISRA			
B5g	Comments/additional information about agency policies and procedures:			

B6. Evaluation		Yes	No	n/a
B6a	Does the agency conduct evaluation on an ongoing basis and at the end of programs or services?	X		
B6b	If yes, are evaluation results used to improve programs and services?	X		
B6c	Does evaluation include feedback on inclusion, accessibility or use of supports and accommodations?	X		
B6d	Comments/additional information about agency evaluation of inclusion:			

B7. Partnerships and collaboration		Yes	No	n/a
B7a	Does the agency have partnerships with disability organizations?	X		
B7b	List partnerships and purpose of partnerships: Northern Illinois Special Recreation Association (NISRA) – to provide programming, guidance and inclusion services			
B7c	Does the agency have partnerships with other community or area organizations?	X		
B7d	List partnerships and purpose of partnerships: School District #47 – facility use sharing, before and after school care, general recreation programming.			
B7e	Does the agency reach out to create new partnerships?	X		
B7f	Comments/additional information about agency partnerships and collaboration:			

B8. Notes about administrative practices
 (Any additional administrative practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

Section C: Adaptive Equipment

Yes No n/a

C1	Is adaptive equipment available to allow fuller participation?	X																																																														
C2	List adaptive equipment available:																																																															
<table border="1"> <thead> <tr> <th data-bbox="162 283 548 346">Equipment:</th> <th data-bbox="548 283 917 346">Limitations with equipment (weight, size, etc.)</th> <th data-bbox="917 283 1286 346">How to access equipment</th> </tr> </thead> <tbody> <tr> <td data-bbox="162 346 548 384">a. Bus with lift</td> <td data-bbox="548 346 917 384"></td> <td data-bbox="917 346 1286 384"></td> </tr> <tr> <td data-bbox="162 384 548 422">b. Fishing Piers</td> <td data-bbox="548 384 917 422"></td> <td data-bbox="917 384 1286 422"></td> </tr> <tr> <td data-bbox="162 422 548 459">c. Big Wheel Sand Chair</td> <td data-bbox="548 422 917 459"></td> <td data-bbox="917 422 1286 459">Contact Facility Staff</td> </tr> <tr> <td data-bbox="162 459 548 497">d. Lift – Col. Palmer House</td> <td data-bbox="548 459 917 497"></td> <td data-bbox="917 459 1286 497">Contact Facility Staff</td> </tr> <tr> <td data-bbox="162 497 548 535">e. Synthetic Turf ball fields</td> <td data-bbox="548 497 917 535"></td> <td data-bbox="917 497 1286 535"></td> </tr> <tr> <td data-bbox="162 535 548 573">f.</td> <td data-bbox="548 535 917 573"></td> <td data-bbox="917 535 1286 573"></td> </tr> <tr> <td data-bbox="162 573 548 611">g.</td> <td data-bbox="548 573 917 611"></td> <td data-bbox="917 573 1286 611"></td> </tr> <tr> <td data-bbox="162 611 548 648">h.</td> <td data-bbox="548 611 917 648"></td> <td data-bbox="917 611 1286 648"></td> </tr> <tr> <td data-bbox="162 648 548 686">i.</td> <td data-bbox="548 648 917 686"></td> <td data-bbox="917 648 1286 686"></td> </tr> <tr> <td data-bbox="162 686 548 724">j.</td> <td data-bbox="548 686 917 724"></td> <td data-bbox="917 686 1286 724"></td> </tr> <tr> <td data-bbox="162 724 548 762">k.</td> <td data-bbox="548 724 917 762"></td> <td data-bbox="917 724 1286 762"></td> </tr> <tr> <td data-bbox="162 762 548 800">l.</td> <td data-bbox="548 762 917 800"></td> <td data-bbox="917 762 1286 800"></td> </tr> <tr> <td data-bbox="162 800 548 837">m.</td> <td data-bbox="548 800 917 837"></td> <td data-bbox="917 800 1286 837"></td> </tr> <tr> <td data-bbox="162 837 548 875">n.</td> <td data-bbox="548 837 917 875"></td> <td data-bbox="917 837 1286 875"></td> </tr> <tr> <td data-bbox="162 875 548 913">o.</td> <td data-bbox="548 875 917 913"></td> <td data-bbox="917 875 1286 913"></td> </tr> <tr> <td data-bbox="162 913 548 951">p.</td> <td data-bbox="548 913 917 951"></td> <td data-bbox="917 913 1286 951"></td> </tr> <tr> <td data-bbox="162 951 548 989">q.</td> <td data-bbox="548 951 917 989"></td> <td data-bbox="917 951 1286 989"></td> </tr> <tr> <td data-bbox="162 989 548 1026">r.</td> <td data-bbox="548 989 917 1026"></td> <td data-bbox="917 989 1286 1026"></td> </tr> <tr> <td data-bbox="162 1026 548 1064">s.</td> <td data-bbox="548 1026 917 1064"></td> <td data-bbox="917 1026 1286 1064"></td> </tr> </tbody> </table> <p data-bbox="162 1064 548 1123">(add additional sheets if needed)</p>					Equipment:	Limitations with equipment (weight, size, etc.)	How to access equipment	a. Bus with lift			b. Fishing Piers			c. Big Wheel Sand Chair		Contact Facility Staff	d. Lift – Col. Palmer House		Contact Facility Staff	e. Synthetic Turf ball fields			f.			g.			h.			i.			j.			k.			l.			m.			n.			o.			p.			q.			r.			s.		
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C3	Comments/additional information about adaptive equipment:																																																															

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

- Offers programs (Complete Section D)
 Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): <u>Athletics</u>

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment:			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: Depends upon facility	X		
D3f	Comments/additional information about supports:			

D5. Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level ___ rules of activity ___ activity space ___ can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations:			

D6. Specialized programs or services		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>I NISRA</td> <td>Varies</td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table> (add additional sheets if needed)	Program:	Brief description:	I NISRA	Varies	ii		iii		iv		v				
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D6c	Comments/additional information about specialized programs: Provided by NISRA															

D7. Notes about program practices
 (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary
 Please provide a brief description of the agency:

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Joe Davison
F5. Email of staff person interviewed	jdavison@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Buscemi
Signature of assessor

6/25/13
Date

[Signature]
Signature of person interviewed

6/25/13
Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

- Offers programs (Complete Section D)
 Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): <u>Special Events and Teens</u>
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D2. Registration		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment:			

D3. Program staffing		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: Staff will assess facility space prior to the start of a program to determine the best space to use given the participants specific situation.	X		
D3f	Comments/additional information about supports: NISRA is available when needed			

D5. Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level <u> X </u> rules of activity <u> X </u> activity space _____ can be cooperative or competitive _____ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations: NISRA will assist if needed			

D6. Specialized programs or services		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>i NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table> (add additional sheets if needed)	Program:	Brief description:	i NISRA		ii		iii		iv		v				
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D6c	Comments/additional information about specialized programs: Provided by NISRA															

D7. Notes about program practices
(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

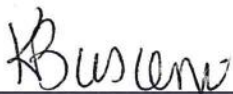
E1. Summary
Please provide a brief description of the agency:

E2. Additional Information

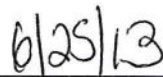
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Section F: Assessment Information

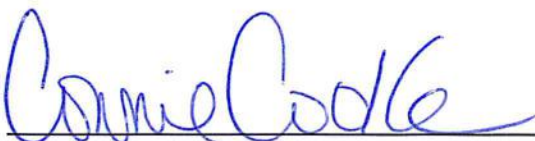
F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Connie Cooke
F5. Email of staff person interviewed	ccooke@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	



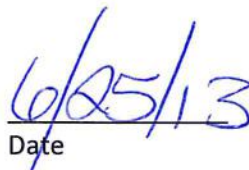
Signature of assessor



Date



Signature of person interviewed



Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

Offers programs (Complete Section D)

Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): General Interest and Seniors (Trips, Fitness, Dance, Seminars, Water Sports)

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment:			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: The instructor finds an appropriate space in the facility they are teaching in.			
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level ___ rules of activity <u> X </u> activity space ___ can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations:			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs:															
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D6c	Comments/additional information about specialized programs: Provided by NISRA															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary

Please provide a brief description of the agency:

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Jennifer Silka
F5. Email of staff person interviewed	jsilka@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Signature of assessor

Date

Signature of person interviewed

Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

- Offers programs (Complete Section D)
 Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): Extended Time, Childcare, Camps and Art

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment: We work with NISRA and the school district Oasis program to duplicate services already in place. Consistency for the child is key.			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff: NISRA and the school district train our staff, observe in our setting and recommend accommodations.			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: Yes, we have areas where we can speak privately with the child.			
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level <u> X </u> rules of activity <u> X </u> activity space <u> X </u> can be cooperative or competitive <u> X </u> other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations: We use golf cart for a CP child for hiking. We take our non-napping autistic/non-verbal childcare participant to the gym at nap time. We develop visual cues as necessary. We redirect when their attention span is finished. We accommodate food needs.			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>I NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table> (add additional sheets if needed)	Program:	Brief description:	I NISRA		ii		iii		iv		v				
Program:	Brief description:															
I NISRA																
ii																
iii																
iv																
v																
D6c	Comments/additional information about specialized programs: Provided by NISRA															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary

Please provide a brief description of the agency:

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Sam Thompson
F5. Email of staff person interviewed	sthompson@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Kim Buscemi
Signature of assessor

6/25/13
Date

Sam Thompson
Signature of person interviewed

6/25/13
Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

- Offers programs (Complete Section D)
 Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): Family Golf Center

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment: Cooperate with NISRA			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: Outdoor areas removed from other activities			
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level <u> X </u> rules of activity ___ activity space <u> X </u> can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations: All analysis and altering is okayed by NISRA			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs:															
	<table border="1"> <thead> <tr> <th>Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>i NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table>	Program:	Brief description:	i NISRA		ii		iii		iv		v				
Program:	Brief description:															
i NISRA																
ii																
iii																
iv																
v																
	(add additional sheets if needed)															
D6c	Comments/additional information about specialized programs: One of the two 18 hole mini-golf courses is ADA accessible.															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary

Please provide a brief description of the agency:

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	jsebesta@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystallakeparks.org
F6. Job title of person interviewed	Superintendent of Facility Services
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	



 Signature of assessor

6/25/13

 Date

 Signature of person interviewed

 Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

Offers programs (Complete Section D)

Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): Barlina House Preschool

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment: Coordinate with NISRA			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: There is a separate area on each level of the facility			
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level <u> X </u> rules of activity <u> X </u> activity space ___ can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations: All analysis and altering is approved via NISRA			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>i NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table> (add additional sheets if needed)	Program:	Brief description:	i NISRA		ii		iii		iv		v				
Program:	Brief description:															
i NISRA																
ii																
iii																
iv																
v																
D6c	Comments/additional information about specialized programs: Provided by NISRA															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary


Please provide a brief description of the agency:

E2. Additional Information


Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	jsebesta@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystallakeparks.org
F6. Job title of person interviewed	Superintendent of Facilities
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	



 Signature of assessor



 Date

 Signature of person interviewed

 Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

Offers programs (Complete Section D)

Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): The Racket Club – Tennis Facility

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment: Cooperative with NISRA			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: There are both indoor and outdoor areas available			
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <input checked="" type="checkbox"/> length of activity <input checked="" type="checkbox"/> skill level <input checked="" type="checkbox"/> rules of activity <input checked="" type="checkbox"/> activity space <input checked="" type="checkbox"/> can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations: All analysis and altering is approved by NISRA			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>I NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table> (add additional sheets if needed)	Program:	Brief description:	I NISRA		ii		iii		iv		v				
Program:	Brief description:															
I NISRA																
ii																
iii																
iv																
v																
D6c	Comments/additional information about specialized programs: Supplied by NISRA and CLPD staff.															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary

Please provide a brief description of the agency:

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	jsebesta@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystallakeparks.org
F6. Job title of person interviewed	Superintendent of Facilities
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	



 Signature of assessor



 Date

 Signature of person interviewed

 Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

- Offers programs** (Complete Section D)
- Does not offer programs** (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): Museums (Nature Center and Col. Palmer House)

D2. Registration Yes No n/a

D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment: Cooperative with NISRA			

D3. Program staffing Yes No n/a

D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff:			

D4. Supports available Yes No n/a

D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: Areas within building and outdoor areas are available			
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <u> X </u> length of activity <u> X </u> skill level <u> X </u> rules of activity <u> X </u> activity space <u> X </u> can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations: All analysis and altering approved by NISRA			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>i NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table> (add additional sheets if needed)	Program:	Brief description:	i NISRA		ii		iii		iv		v				
Program:	Brief description:															
i NISRA																
ii																
iii																
iv																
v																
D6c	Comments/additional information about specialized programs: Supplied by NISRA															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

Empty header box

E1. Summary

Please provide a brief description of the agency:

Large empty text box for E1 summary

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Large empty text box for E2 additional information

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	jsebesta@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystallakeparks.org
F6. Job title of person interviewed	Superintendent of Facility Services
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Signature of assessor



Date

6/25/13

Signature of person interviewed

Date

Complete the Program Practices Section once for each **uniquely** different type of program at the agency. See the accompanying *Guide* for more specific information and definitions.

Agency:

Offers programs (Complete Section D)

Does not offer programs (skip to Section E)

Section D: Program Practices

D1. Name of Program(s): Aquatics

D2. Registration

		Yes	No	n/a
D2a	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	X		
D2b	Is individualized assessment of needs for participation completed, if needed?	X		
D2c	Comments/additional information about registration/needs assessment: Group rentals are asked to complete a risk wavier form. They indicated seizure prone swimmers and how they are identified.			

D3. Program staffing

		Yes	No	n/a
D3a	If needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	X		
D3b	Does program staff model accepting and inclusive behavior?	X		
D3c	When asked, is program staff able to list ways it modifies programs for people with disability?	X		
D3d	Comments/additional information about program staff: NISRA conducted training on seizure prone swimmers.			

D4. Supports available

		Yes	No	n/a
D4a	Are additional staff or volunteers available to assist in inclusion, if needed?	X		
D4b	Are peer orientations about disability and inclusion available, if needed?	X		
D4c	Do peers help provide assistance with inclusion?	X		
D4d	Are positive behavioral supports used in the program or activity, if needed?	X		
D4e	Is a quiet area available for calming or relaxation needs: Briefly describe: First Aid location in facility	X		
D3f	Comments/additional information about supports:			

D5. Activity accommodations

		Yes	No	n/a
D5a	Are activities modified to individual needs if needed?	X		
D5b	Typical modifications provided: <input checked="" type="checkbox"/> length of activity <input checked="" type="checkbox"/> skill level <input checked="" type="checkbox"/> rules of activity <input checked="" type="checkbox"/> activity space <input checked="" type="checkbox"/> can be cooperative or competitive ___ other: _____			
D5c	Do activities allow structured time for socialization between participants?	X		
D5d	Are alternative forms of communication used during activities if needed?	X		
D5e	Is task/activity analysis used to determine needs?	X		
D5f	Is partial participation accommodated as needed?	X		
D5g	Comments/additional information about activity accommodations:			

D6. Specialized programs or services

		Yes	No	n/a												
D6a	Are specialized/segregated programs for people with disabilities provided?	X														
D6b	List and describe specialized programs:															
	<table border="1"> <thead> <tr> <th>Program:</th> <th>Brief description:</th> </tr> </thead> <tbody> <tr> <td>I NISRA</td> <td></td> </tr> <tr> <td>ii</td> <td></td> </tr> <tr> <td>iii</td> <td></td> </tr> <tr> <td>iv</td> <td></td> </tr> <tr> <td>v</td> <td></td> </tr> </tbody> </table>	Program:	Brief description:	I NISRA		ii		iii		iv		v				
Program:	Brief description:															
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	(add additional sheets if needed)															
D6c	Comments/additional information about specialized programs: Supplied by NISRA															

D7. Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

E1. Summary

Please provide a brief description of the agency:

E2. Additional Information

Please provide any additional information important to understanding inclusion at this agency

Section F: Assessment Information

F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystalllakeparks.org
F4. Name of staff person interviewed for assessment	Kim Buscemi
F5. Email of staff person interviewed	kbuscemi@crystalllakeparks.org
F6. Job title of person interviewed	Superintendent of Recreation Services
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Kim Buscemi
Signature of assessor

6/25/13
Date

Signature of person interviewed

Date